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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/748,589	12/30/2003	Thomas L.C. Simpson	3712044.01156	8944
29200	7590	08/05/2010		
K&L Gates LLP P.O. Box 1135 Chicago, IL 60690-1135			EXAMINER RAPILLO, KRISTINE K	
			ART UNIT 3626	PAPER NUMBER
			NOTIFICATION DATE 08/05/2010	DELIVERY MODE ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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chicago.patents@klgates.com

Office Action Summary	Application No. 10/748,589	Applicant(s) SIMPSON ET AL.	
	Examiner KRISTINE K. RAPILLO	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 17 May 2010.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-38 is/are pending in the application.
- 4a) Of the above claim(s) 1-10, 12, 21-27 and 29 is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 11, 13-20, 28 and 30-38 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 07 November 2008 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date <u>8/6/2004; 7/6/2005; 8/11/2009; 9/15/2009</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment submitted May 17, 2010. Claims 11 and 15 are amended. Claims 1 – 10, 12, 21 - 27 and 29 were previously cancelled. Claims 35 - 38 are new. Claims 11, 13 – 20, 28, and 30 – 38 are presented for examination.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 11, 14 – 16, 28, and 30 - 38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss et al., herein after Reuss (U.S. Patent Number 6,364,834) in view of Lebel et al., herein after Lebel (U.S. Publication Number 2002/0016568 A1) further in view of Crawford (U.S. Patent Number 5,331,549).

In regard to claim 11 (Currently Amended), Reuss teaches a system for providing messages to remote clinician devices in a healthcare system comprising:

a first central computer attached to a network (Figures 1 and 2; column 3, line 63 through column 4, line 4; column 4, lines 22 – 41; and column 10, lines 43 – 48) where Reuss discloses a central monitoring system which is equated to a central computer linked to a network;

a second computer attached to the network, wherein the second computer is remote from the first central computer (Abstract and column 3, line 63 through column 4, line 21) where Reuss discloses at least one patient monitoring system (which is a system preferably comprising a transceiver, or transmitter and receiver, a display, and a key board, and can transmit data to and receive monitoring

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control signals from a central monitoring system (first computer), thus it is implied that a second computer is available and is remote from the first computer;

a remote device associated with the clinician and operably attached to the network, the remote device comprising a visual display (column 3, line 63 through column 4, line 64; column 5, lines 13 – 64; and column 15, lines 28 – 40) where Reuss discloses that a remote device may forward information to a central computer;

a request generated by the remote device and received by the first central computer and the second computer (column 4, lines 55 – 60 and column 7, lines 13 – 14) where Reuss discloses bi-directional communication between all components of a system thus a request may be made by any of the components (first computer, second computer, remote device);

a response message generated by the second computer and sent to the first central computer through the network (column 3, lines 45 – 50 and column 16, line 58 through column 17, line 3), and a relayed response message generated by the first central computer and sent to the remote device through the network (column 17, lines 3 – 32). Reuss does not explicitly disclose where the relayed response message generated by the first central computer including the response message generated by the second central computer plus, additional data added by the first central computer, the information including information contained within a data packet generated by an infusion pump, wherein the information contained within the data packet includes at least one of status information related to an administration of a medication to a patient by the infusion pump and programming information for the infusion pump, however this feature is taught by Lebel and discussed below.

Lebel teaches a system comprising the relayed response message generated by the first central computer including the response message generated by the second central computer plus, additional data added by the first central computer (paragraph 191), the additional data including information contained within a data packet generated by an infusion pump, wherein the information contained within the data packet includes status information related to an administration of a medication to a patient by the infusion pump (paragraphs 136 and 207 where feedback is equated to status) and programming information for the infusion pump (paragraphs 187 and 188); and

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wherein the response message generated by the first central computer is provided in a humanly readable format on the visual display of the remote device (Figure 2 and paragraph 138 where the remote device includes an LCD panel which implies a human readable format).

Crawford discloses a remote device configured for the clinician to access a list of patients for which the clinician is responsible which have an alarm or alert condition (column 3, lines 53 – 68 and column 5, lines 38 – 46 where a list of patients is indicated by room number, and each room number indicated has an alarm or alert indicating an alarm or alert situation is in progress), each alarm condition having an associated icon (column 6, lines 3 – 27), and wherein each alarm icon is associated with a clinician task (column 6, lines 3 – 27).

Claim 1 is rejected under 35 U.S.C. 103 as being unpatentable over Reuss and Lebel in view of Crawford.

Reuss is directed to a method and system for remotely monitoring multiple medical parameters in an integrated medical monitoring system, comprising at least one patient monitor, at least one central monitor, and at least one remote access device, where the remote access device can comprise any number of electronic devices including a personal digital assistant. The patient monitor provides patient data to a central monitoring system, which monitors the data for medical alert messages and emergency situations. When an alert or emergency is noted, the central monitoring computer directly alerts the remote access device via the wireless transceiver.

Lebel is directed to a microprocessor controlled ambulatory medical apparatus with hand held communication device, where the medical apparatus is an infusion pump. The infusion pump is implanted in a patient and monitors the patient; it communicates with a communication device and sends and receives messages with a communication device, including alarms or alerts.

Crawford is directed to a medical monitor system in which a plurality of patients may be monitored, with data provided to a central server which displays the medical status of the various patients. A color coded alarm system used to reinforce the severity of a patients medical condition, and indicating the alarm status, in addition to an audible alarm system (i.e. siren).

It would have been obvious to one of ordinary skill in the art to include in the remote monitoring of medical parameters of Reuss and the remote medical communication device of Lebel, the ability to send or transmit color coded and audible alarm system as taught by Crawford since the claimed invention is merely a combination of old elements, and in the combination each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

In regard to claim 14 (Previously Presented), Reuss, Lebel, and Crawford teach a system as per claim 11. Reuss teaches a system wherein the remote device receives a second response message generated by the second central computer in response to a second request generated by the remote device, wherein the second response message and the second request are routed through the first central computer (column 17, lines 3 – 32).

In regard to claim 15 (Currently Amended), Reuss teaches a system for providing messages to remote clinician devices in a healthcare system, comprising: a request message generated by a program within a software application embodied on a computer readable medium (column 8, lines 29 – 32) executed by a clinician device attached to a network (column 4, line 55 through column 5, line 12 and column 15, lines 48 - 60) and wherein the first response message includes: (i) a second response message generated by a second computer in receipt of the request message from the clinician device (column 3, lines 45 – 50 and column 16, line 58 through column 17, line 3).

Lebel teaches a system comprising: a first response message (paragraphs [0157], [0317], [0318], and [0332]) generated by a first computer (paragraphs [0110] and [0115]; claims 6 and 15) attached to the network and sent to the clinician device through the network in response to the request message wherein the first response message includes: plus (ii) additional information added by the first computer (paragraph 191), the additional information (paragraphs [0317], [0318], and [0332]; Lebel does not specifically disclose a network, however, this feature is taught by Reuss and is referenced above) including information contained within a data packet generated by an infusion pump, wherein the

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information contained within the data packet includes status information related to an administration of a medication to a patient by the infusion pump (paragraphs [0136], [0207], and [0318]) and programming information for the infusion pump (paragraphs [0161], [0162], [0163], [0187], and [0188]), the clinician device configured for the clinician to access a list of patients for which the clinician is responsible which have an alarm or alert condition (column 3, lines 53 – 68 and column 5, lines 38 – 46), each alarm condition having an associated icon (column 6, lines 3 – 27), and wherein each alarm icon is associated with a clinician task (column 6, lines 3 - 27).

The motivation to combine the teachings of Reuss, Lebel, and Crawford is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 16 (Previously Presented), Reuss, Lebel, and Crawford teach a system as per claim 15. Reuss teaches a system wherein the information is modified in response to a change in the information contained within another data packet generated by the infusion pump (column 5, lines 13 – 37; column 7, lines 15 – 58; column 11, lines 15 – 26; column 12, lines 25 – 50; column 14, lines 12 - 33; and, column 16, lines 2 - 15).

In regard to Claim 28 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 11.

Lebel teaches a system wherein the response message generated by the first central computer includes a display icon configured to access a list of a plurality of notification conditions corresponding to a specific patient from the first central computer (paragraphs [0132], [0138], and [0199] and table).

The motivation to combine the teachings of Reuss, Lebel, and Crawford is discussed in the rejection of claim 11, and incorporated herein.

In regard to Claim 30 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 15.

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Lebel teaches a system wherein the software application is configured to provide access to a list of a plurality of active infusion pump alerts associated with a specific patient (paragraphs [0157], [0320], [0321], and [0323]).

The motivation to combine the teachings of Reuss, Lebel, and Crawford is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 31 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 11. Reuss teaches wherein the first computer is a central hospital computer (column 6, lines 10 – 35) and the second computer is a pharmacy computer (column 6, lines 10 – 35) where Reuss discloses an auxiliary system which may communication with the first computer (central monitoring system) and the auxiliary system may include patient information such as prescription and pharmacy information, which implies an auxiliary system may be a pharmacy computer.

In regard to claim 32 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 15. Reuss teaches wherein the first computer is a central hospital computer and the second computer is a pharmacy computer (column 6, lines 10 – 35).

In regard to claim 33 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 11. Reuss teaches a system wherein the response message generated by the second computer includes patient and pharmacy information (column 6, lines 10 – 35).

In regard to claim 34 (Previously Presented), Reuss, Lebel, and Crawford teach the system of claim 15. Reuss teaches a system wherein the response message generated by the second computer includes patient and pharmacy information (column 6, lines 10 – 35).

In regard to claim 35 (new), Reuss, Lebel, and Crawford teach the system of claim 11.

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Crawford teaches a system wherein each hyperlink is associated with a different color to differentiate the level of urgency of attention required for each of the patients on the list (column 2, lines 44 – 47; column 5, lines 18 – 36; and, column 6, lines 3 – 27) where a hyperlink is implied as a user can click on an individual bed number and pull up the information on the particular patient in the bed.

The motivation to combine the teachings of Reuss, Lebel, and Crawford is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 36 (new), Reuss, Lebel, and Crawford teach the system of claim 11.

Crawford teaches a system wherein each hyperlink is associated with a different shading to differentiate the level of urgency of attention required for each of the patients on the list (column 2, lines 44 – 47; column 5, lines 18 – 36; and, column 6, lines 3 – 27).

In regard to claim 37 (new), Reuss, Lebel, and Crawford teach the system of claim 15.

Crawford teaches a system wherein each hyperlink is associated with a different color to differentiate the level of urgency of attention required for each of the patients on the list (column 2, lines 44 – 47; column 5, lines 18 – 36; and, column 6, lines 3 – 27).

In regard to claim 38 (new), Reuss, Lebel, and Crawford teach the system of claim 15.

Crawford teaches a system wherein each hyperlink is associated with a different shading to differentiate the level of urgency of attention required for each of the patients on the list (column 2, lines 44 – 47; column 5, lines 18 – 36; and, column 6, lines 3 – 27).

4. Claims 7, 13, 17 – 18, and 20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss et al., herein after Reuss (U.S. Patent Number 6,364,834) and Lebel et al., herein after Lebel (U.S. Publication Number 2002/0016568 A1) in view of Crawford (U.S. Patent Number 5,331,549) and further in view of Dempsey et al., herein after Dempsey (U.S. Patent Number 6,057,758).

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In regard to claim 13 (Previously Presented), Reuss, Lebel, and Crawford teach a system, including a remote device and response message generated by a central computer, as per claim 11.

Dempsey teaches a system wherein said remote device further includes a browser responsive to the response message generated by the first central computer (column 10, lines 36 – 45).

Claim 13 is rejected under 35 U.S.C. 103 as being unpatentable over Reuss, Lebel, and Crawford in view of Dempsey.

Reuss is directed to a method and system for remotely monitoring multiple medical parameters in an integrated medical monitoring system, comprising at least one patient monitor, at least one central monitor, and at least one remote access device, where the remote access device can comprise any number of electronic devices including a personal digital assistant. The patient monitor provides patient data to a central monitoring system, which monitors the data for medical alert messages and emergency situations. When an alert or emergency is noted, the central monitoring computer directly alerts the remote access device via the wireless transceiver.

Lebel is directed to a microprocessor controlled ambulatory medical apparatus with hand held communication device, where the medical apparatus is an infusion pump. The infusion pump is implanted in a patient and monitors the patient; it communicates with a communication device and sends and receives messages with a communication device, including alarms or alerts.

Crawford is directed to a medical monitor system in which a plurality of patients may be monitored, with data provided to a central server which displays the medical status of the various patients. A color coded alarm system used to reinforce the severity of a patients medical condition, and indicating the alarm status, in addition to an audible alarm system (i.e. siren).

Dempsey is directed to a handheld clinical terminal for monitoring a physiological condition of a patient, the system including a primary station and a portable station. The primary station transmits a signal, via a wireless link, to the portable station which displays a representation of the physiological condition of the patient and an alarm exhibitor configured to exhibit and alarm in response to an anomaly in the condition of the patient.

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It would have been obvious to one of ordinary skill in the art to include in the remote monitoring of medical parameters of Reuss, the remote medical communication device of Lebel, and color coded and audible alarm system of Crawford, the ability to send or transmit data using a portable station as taught by Dempsey since the claimed invention is merely a combination of old elements, and in the combination each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

In regard to claim 17 (Original), Reuss, Lebel, and Crawford teach a system, as per claim 16.

Dempsey teaches a system wherein the program is written in JAVA (column 6, lines 35 - 48).

The motivation to combine the teachings of Reuss, Lebel, Crawford, and Dempsey is discussed in the rejection of claim 13, and incorporated herein.

In regard to claim 18 (Original), Reuss, Lebel, and Crawford teach a method of executing a notification process as per claim 16.

Dempsey et al. teaches a system wherein the program is written in C# (column 10, lines 38 – 45). C# is also known as C-Sharp. Dempsey et al. discloses an object oriented programming language of which C-Sharp (or C#) is included.

The motivation to combine the teachings of Reuss, Lebel, Crawford, and Dempsey is discussed in the rejection of claim 13, and incorporated herein.

In regard to claim 20 (Original), Reuss, Lebel, and Crawford teach a system, as per claim 15.

Dempsey teaches a system wherein the software application is a Web browser (column 10, lines 36 – 45).

The motivation to combine the teachings of Reuss, Lebel, Crawford, and Dempsey is discussed in the rejection of claim 13, and incorporated herein.

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5. Claim 19 is rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss et al., herein after Reuss (U.S. Patent Number 6,364,834) and Lebel et al., herein after Lebel (U.S. Publication Number 2002/0016568 A1) in view of Crawford (U.S. Patent Number 5,331,549) as applied to claim 16 above, and further in view of www.catharsismedical.com (12/9/01).

In regard to claim 19 (Original), Reuss, Lebel, and Crawford teach the system of claim 16. www.catharsismedical.com teaches a system wherein the program is written in Visual Basic Script (paragraph 6). www.catharsismedical.com uses Windows NT which is a Visual Basic Script.

Claim 19 is rejected under 35 U.S.C. 103 as being unpatentable over Reuss, Lebel, and Crawford in view of www.catharsismedical.com.

Reuss is directed to a method and system for remotely monitoring multiple medical parameters in an integrated medical monitoring system, comprising at least one patient monitor, at least one central monitor, and at least one remote access device, where the remote access device can comprise any number of electronic devices including a personal digital assistant. The patient monitor provides patient data to a central monitoring system, which monitors the data for medical alert messages and emergency situations. When an alert or emergency is noted, the central monitoring computer directly alerts the remote access device via the wireless transceiver.

Lebel is directed to a microprocessor controlled ambulatory medical apparatus with hand held communication device, where the medical apparatus is an infusion pump. The infusion pump is implanted in a patient and monitors the patient; it communicates with a communication device and sends and receives messages with a communication device, including alarms or alerts.

Crawford is directed to a medical monitor system in which a plurality of patients may be monitored, with data provided to a central server which displays the medical status of the various patients. A color coded alarm system used to reinforce the severity of a patients medical condition, and indicating the alarm status, in addition to an audible alarm system (i.e. siren).

www.catharsismedical.com is a Window NT based application directed to capturing drug administration data from infusion pumps using front end device interface hardware available from multiple

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vendors and captures drug and concentration data using a database of drug interaction and dosing algorithms (i.e. captures any potential drug-drug interactions, dosing errors) to capture any potential errors and forwards this information to a nursing screen when a violation occurs.

It would have been obvious to one of ordinary skill in the art to include in the remote monitoring of medical parameters of Reuss, the remote medical communication device of Lebel, and color coded and audible alarm system of Crawford, the ability to transmit infusion pump data to a nursing computer as taught by www.catharsismedical.com, since the claimed invention is merely a combination of old elements, and in the combination each element merely would have performed the same function as it did separately, and one of ordinary skill in the art would have recognized that the results of the combination were predictable.

Response to Arguments

6. Applicant's arguments filed May 17, 2010 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed May 17, 2010.

In response to the Applicant's argument, it is respectfully submitted that the Examiner has applied new prior art to the amended claims. The Examiner notes that the amended limitations were not in the previously pending claims; as such, Applicant's remarks with the regard to the application of Reuss, Lebel, Dempsey, and www.catharsismedical.com are addressed in the above Office Action.

Conclusion

7. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date

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of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 3:30 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Robert Morgan can be reached on 571-272-6773. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/K. K. R./
Examiner, Art Unit 3626

/Robert Morgan/
Supervisory Patent Examiner, Art Unit 3626